

PRIVACY RELEASE AUTHORIZATION

I hereby authorize Congressman Lloyd Doggett, in accordance with the Privacy Act of 1974, Public Law 93-579, to inquire with:

(Federal Agency) _____ on my behalf.

In addition, I authorize the agency listed above to release information to Congressman Doggett or his staff concerning my request for assistance.

Signature

Date

PLEASE PRINT THE FOLLOWING INFORMATION (if applicable):

Name _____ Social Security # _____

Address _____ BCIS (INS) Alien # _____

City, State, ZIP _____ VA Claim # _____

Daytime Phone _____ Date of Birth _____

Evening Phone _____ Fax _____

Cellular Phone _____ Email _____

Are you facing a deadline? **yes** _____ / **no** _____

Have you contacted my office before on this matter? **yes** _____ / **no** _____

Briefly explain the issue for which you are requesting my assistance:

Please attach the most recent correspondence you have received from the federal agency and any other pertinent information regarding this case. Feel free to use other side or additional paper if needed. Mail to: Congressman Lloyd 300 East 8th Street, Suite 763, Austin, TX 78701-3275 OR Fax to: 512-916-5108.